PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILE® 03 APR 17 AN 9:18 STORELARY OF STATE
DOCUMENT# P950 1. Corporation Name ABC Coa	00035061 Lexy,/nc	TALĹAHAŠSEĒ, FĹŒŘ*°A
2. Principal Office Address 374 N. Manlet Bla Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	500016218816 04/17/03-01075-012 **1050.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date Incorporated or Qualified To Do Business in Florida
city & State Webster, Fl	City & State	5. FEI Number Applied For S9 - 33/5 72 8 Not Applicable
Zip 33597 Country USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Musraj Dhanani		
Street Address (P.O. Box Number is Not Acceptable) 1721 Chel tour borough Dr Suite, Apt. #, Etc.		
City Orlando State Zip Code FL 32835-		
8. I, being appointed the registered agent of the above name) corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent X REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and	l/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
P Nurraj Dhan	ani. 1721 Cheltons	Sorough Dr. Orlando 32835
		0/-03
		TS.
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: X D R D Y-11-0 3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		